


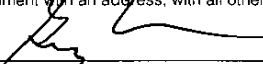
2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90208 010 ****61.25

60001117



DOCUMENT # N99000004157			
1. Entity Name MIDDLE SCHOOL OF THE ARTS FOUNDATION, INC.			
Principal Place of Business 1725 ECHO LAKE DRIVE W. PALM BEACH, FL 33407		Mailing Address 1725 ECHO LAKE DRIVE W. PALM BEACH, FL 33407	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 31-1660977		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RABIDEAU, GUY 400 ROYAL PALM WAY SUITE 204 PALM BEACH, FL 33480		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONER, NEIL	NAME	
STREET ADDRESS	292 ORANGE GROVE ROAD	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH, FL 33480	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENGER, SYLVIA	NAME	
STREET ADDRESS	81 SANDBOURNE LANE	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	CITY-ST-ZIP	
TITLE	DP <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POACH, SHAUNA	NAME	
STREET ADDRESS	1275 BEACON CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33414	CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RABIDEAU, GUY	NAME	DPT RABIDEAU, GUY
STREET ADDRESS	400 ROYAL PALM WAY, STE 204	STREET ADDRESS	400 ROYAL PALM WAY, SUITE 204
CITY-ST-ZIP	PALM BEACH, FL 33480	CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARBOUR, MICHELLE	NAME	
STREET ADDRESS	4123 COMMUNITY DRIVE	STREET ADDRESS	
CITY-ST-ZIP	JUPITER, FL 33458	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	SEE ADDITIONAL SHEET.	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  GUY RABIDEAU		Date: 1/12/2007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 561-655-6221	

ATTACHMENT

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OFFICERS AND DIRECTORS OF
MIDDLE SCHOOL OF THE ARTS FOUNDATION, INC.

Arrigo, John
2630 Tecumseh Drive
West Palm Beach, Florida 33409
Title: Director

Clayton, Donna
18155 SE Ridgeview Drive
Tequesta, Florida 33469
Title: Director

Green, Joanne
10887 N. Military Trail, #6
Palm Beach Gardens, Florida 33410
Title: Director

Johnson, Mary
132 Miramar Way
West Palm Beach, FL 33405
Title: Director

Kennedy, Elizabeth
Bak Middle School of the Arts
1725 Echo Lake Drive
West Palm Beach, Florida 33407
Title: Director

King, Lisa
5107 Marina Circle
Boca Raton, Florida 33486
Title: Director, Vice Chairman

Merrien, Jeannine
170 Chilean Avenue, Apt. 6A
Palm Beach, Florida 33480
Title: Director

Moore, Robert
P. O. Box 2029
Palm Beach, Florida 33480
Title: Director

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Rhodes, Kathleen
700 S.W. 17th Street
Boca Raton, Florida 33486
Title: Director

Rowan, Lisa
130 Chilean Avenue
Palm Beach, Florida 33480
Title: Director

Trim, Meredith
1500 Palmwood Road
Palm Beach Gardens, Florida 33410
Title: Director